

Appendix 8

Prior Authorization Request Form (PA/RF) Completion Instructions

Wisconsin Medicaid processes prior authorization (PA) requests more quickly when providers include complete, readable, and accurate documentation with the requests. Complete this form carefully, attach the Prior Authorization Specialized Medical Vehicle Attachment (PA/SMVA) to it, and mail it to:

Wisconsin Medicaid
Prior Authorization
Ste 88
6406 Bridge Rd
Madison WI 53784-0088

Providers may also submit PA requests by fax at (608) 221-8616.

Contact Wisconsin Medicaid Provider Services at (800) 947-9627 or (608) 221-9883 with questions on completing the Prior Authorization Request Form (PA/RF) or PA/SMVA.

Element 1 — Processing Type

Enter the processing type 999. The “processing type” is a three-digit code used to identify a category of service requested.

Element 2 — Recipient’s Medicaid Identification Number

Enter the recipient’s 10-digit Medicaid identification number. Do not enter any other numbers or letters.

Element 3 — Recipient’s Name

Enter the recipient’s last name, first name, and middle initial. Use the Eligibility Verification System (EVS) to obtain the correct spelling of the recipient’s name. If the name or spelling of the name on the Medicaid identification card and the EVS do not match, use the spelling from the EVS.

Element 4 — Recipient’s Address

Enter the complete address (street, city, state, and ZIP code) of the recipient’s place of residence. If the recipient is a resident of a nursing home or other facility, also include the name of the nursing home or facility.

Element 5 — Recipient’s Date of Birth

Enter the recipient’s date of birth in MM/DD/YYYY format (e.g., September 25, 1975, would be 09/25/1975).

Element 6 — Sex

Enter an “X” to specify male or female.

Element 7 — Billing Provider’s Name, Address, and ZIP Code

Enter the billing provider’s name and complete address (street, city, state, and ZIP code). *No other information should be entered into this element since it also serves as a return mailing label.*

Element 8 — Billing Provider’s Telephone Number

Enter the billing provider’s telephone number, including the area code, of the office, clinic, facility, or place of business.

Element 9 — Billing Provider’s Wisconsin Medicaid Provider Number

Enter the billing provider’s eight-digit Medicaid provider number.

Element 10 — Dx: Primary

Enter procedure code 00025.

Note: 00025 is a generic procedure code that providers are required to use only to request PA. Providers must follow the claim completion instructions and use the actual diagnosis codes for the CMS 1500 claim form. Wisconsin Medicaid does not reimburse claims submitted with diagnosis code 00025.

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Element 11 — Dx: Secondary (not required)

Element 12 — Start Date of SOI (not required)

Element 13 — First Date Rx

Enter the first date of service in MM/DD/YYYY format.

Element 14 — Procedure Code(s)

Enter procedure code 00025.

Note: Procedure code 00025 is a generic code that providers are required to use only to request PA. Providers will use the actual single or multiple-carry procedure codes to bill for the PA trip on the CMS 1500 claim form. Wisconsin Medicaid does not reimburse claims submitted with procedure code 00025.

Element 15 — MOD

Enter one of the following modifiers for the procedure requested. Wisconsin Medicaid requires a separate prescription and separate PA request for each of the following service modifiers.

Service-Provided Modifiers (required in Element 24D on the CMS 1500 claim form)					
Modifier	Definition	Modifier	Definition	Modifier	Definition
TB	Chiropractor	TH	Therapy (includes physical therapy, occupational therapy, speech therapy, and audiology)	TO	Methadone clinic
TC	Case management, prenatal care coordination	TI	Dialysis	TR	Rehabilitation agency
TD	Dental	TL	Mental health, community support program	TS	Hospital services
TE	Medical equipment supplier/hearing instrument specialist	TM	Medical services by a physician, nurse practitioner, physician assistant, nurse midwife or family planning clinic, HealthCheck, rural health, podiatry, vision, or ambulatory surgery center		

Appendix 8 (Continued)

Element 16 — POS

Enter the appropriate Medicaid single-digit place of service (POS) code designating the trip's destination. Refer to Appendix 32 of this handbook for a list of POS codes.

Element 17 — TOS

Enter type of service code "9." Refer to Appendix 32 of this handbook for a description of this TOS code.

Element 18 — Description of Service

Enter "specialized medical vehicle (SMV) mileage."

Element 19 — Quantity of Service Requested

Enter the number of calendar days ordered on the prescription by the referring health care provider. For example, if the medical provider indicates the length of time in weeks, multiply the weeks by seven and enter the number of days. If the Medicaid provider indicates the time in months, multiply the months by 30 and enter the number of days.

Element 20 — Charges (not required)

Element 21 — Total Charge (not required)

Element 22 — Billing Claim Payment Clarification Statement

An approved authorization does not guarantee payment. Reimbursement is contingent upon the recipient's and provider's eligibility at the time the service is provided and the completeness of the claim information. Payment is not made for services initiated prior to approval or after authorization expiration. Reimbursement is in accordance with Wisconsin Medicaid payment methodology and policy. If the recipient is enrolled in a Medicaid HMO at the time a prior authorized service is provided, Wisconsin Medicaid reimbursement is only allowed if the service is not covered by the HMO.

Element 23 — Date

Enter the month, day, and year (in MM/DD/YYYY format) the PA/RF was completed and signed.

Element 24—Requesting Provider's Signature

The signature of the provider requesting the service must appear in this element.

DO NOT ENTER ANY INFORMATION BELOW THE SIGNATURE OF THE REQUESTING PROVIDER — THIS SPACE IS USED BY WISCONSIN MEDICAID CONSULTANTS AND ANALYSTS. SUBMIT THE PA/RF WITH A COMPLETED PA/SMVA.